



Carlisle City Council

Report to Business & Transformation Scrutiny Panel

Report details

Meeting Date:	24 th February 2022
Portfolio:	Finance, Governance and Resources
Key Decision:	No
Policy and Budget Framework	Yes
Public / Private	Public
Title:	SICKNESS ABSENCE REPORT QUARTER 3 2021/22
Report of:	The Deputy Chief Executive
Report Number:	CS 07-22

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period 1st April 2021 to 31st December 2021 and outlines other sickness absence information.

Recommendations:

Scrutinise and comment on the information on sickness absence provided in the report.

Tracking

Executive:	Not applicable
Scrutiny: BTSP	24 th February 2022
Council:	Not applicable

1. BACKGROUND

1.1 A new Improving Attendance Policy was developed as part of a Member led Task and Finish Group and was formally adopted by the Employment Panel on 14 September 2021. The policy is intended to support managers and employees with improving attendance at work. It is anticipated that the benefits of the revised policy will start to be realised during Quarter 4 and, in particular, the next financial year.

1.2 Current sickness statistics are shown below, with the number of days lost per FTE equating to 8.9 in the first three-quarters of 2021/22 (same period of 2020/21 was 6.2).

2. 2021/22 SICKNESS ABSENCE

2.1 The tables below show the 8.9 days lost per FTE split between long and short-term sickness (long term sickness is defined as any absence more than 4 consecutive working weeks):

2021/22	Days Lost	Days Lost per FTE
Long-term	2,816 (75%)	6.7 (75%)
Short-term	939 (25%)	2.2 (25%)
Total	3,755	8.9

2.2 The table below provides absence levels split by directorates for the first three-quarters of 2021/22.

Directorate	Days lost	Days Lost per FTE	Proportion Long-term
All Directorates	3,755	8.9	75%
Community Services	2,297	13.4	77%
Corporate Support	55	1.8	0%
Economic Development	109	3.1	28%
Finance & Resources	359	5.5	67%
Governance & Regulatory Services	935	7.4	84%

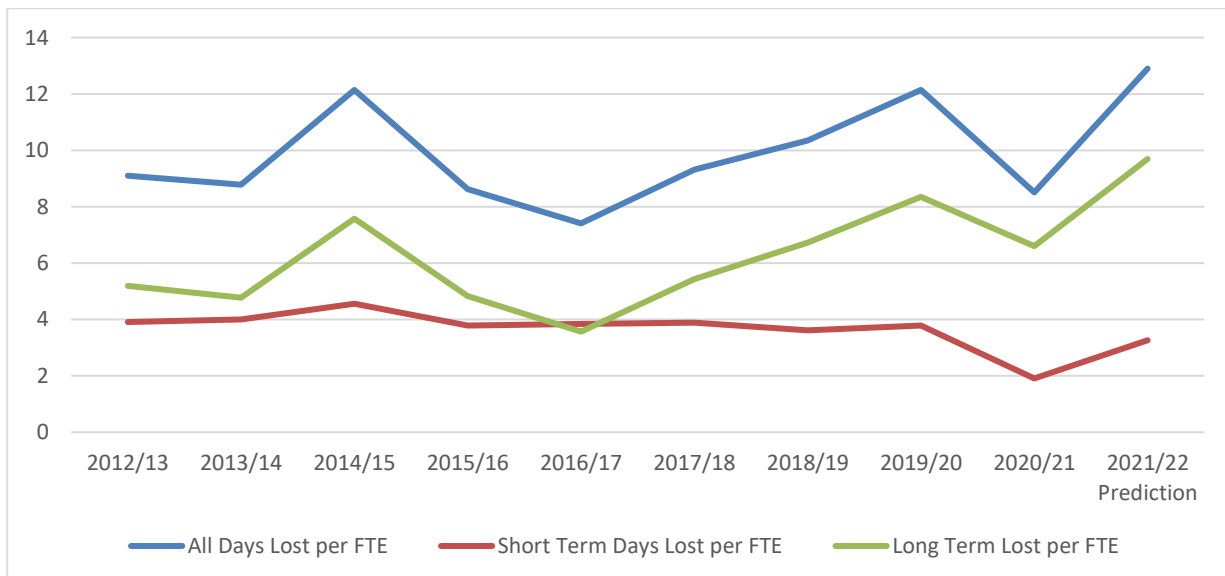
2.3 So far in 2021/22, there has been a 44% increase in overall days lost per employee when compared to the same period in the previous year. 53 employees have been absent long-term (those cases where the absence is 4 working weeks or more) throughout the year - six more than the same period of the previous year. 16 long-term cases remained open as of 13th January 2022 (three less than at end of Quarter 2). There are nine different reasons for the absences included in those 16 cases.

3. TRENDS

3.1 The trend for both long-term and short-term absence can be seen in the graph below. The graph demonstrates that short term sickness absence tends to remain quite static with the exception of the covid affected period, where short term sickness absence reduced. There is a clear correlation between long term sickness absence and the overall performance of the council in relation to absence.

Overall performance improvement in this area is likely to be achieved through proactive management of long term sickness absence through regular supportive discussion and early engagement with our occupational health provider, as set out in the new improving attendance policy.

3.2 The line graph splits the days lost by long and short-term and also provides a prediction for the end position of 2021/22. The prediction for Quarter 4 is based on sickness levels in Quarter 4 over previous years. The end position is predicted to be 12.9 days with short term absence predicted to be around 3.26 days.

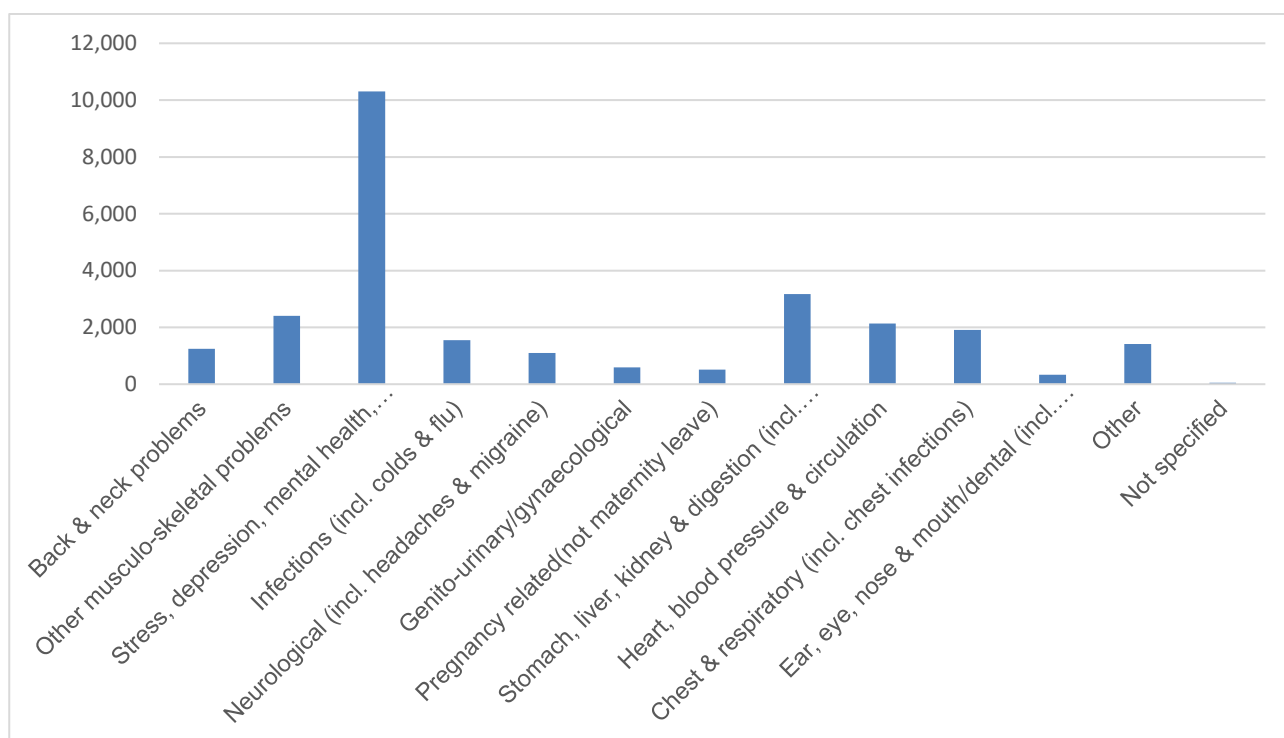


3.3 Over the course of this financial year the HR Advisers have been working closely with managers to oversee long term absence and the number of employees on long term sickness absence is steadily declining. It is anticipated that the Council will see a definite and clear improvement in the absence rates for Quarter 4 and the next financial year. The medium to long term direct and indirect impacts of the Covid-19 pandemic on the Authority's sickness absence level continue to be difficult to predict e.g. impacts of 'long'

Covid and future 'waves'. However, absences will continue to be proactively managed and the absence data monitored for any emerging issues.

4. SICKNESS ABSENCE REASONS

4.1 The reasons for sickness absence in 2021/22 are shown in the bar chart below. The chart shows the hours lost due to each reason for the sickness absence. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost (10,311 hours / 1,393 FTE days). 90% of these lost days were from 21 long term absentees. Only four of these cases were still open at the time of writing.



4.2 In terms of absence related to stress, depression and mental health the percentage of absence related to this category remained relatively static. This type of absence however, still accounts for over a third of all our days lost.

According to the HSE (2020):

"...in 2019/20 work-related stress, depression or anxiety accounted for 51% of all work-related ill health and 55% of all days lost due to work-related ill-health. Over recent years the rate of self-reported work-related stress, anxiety or depression has

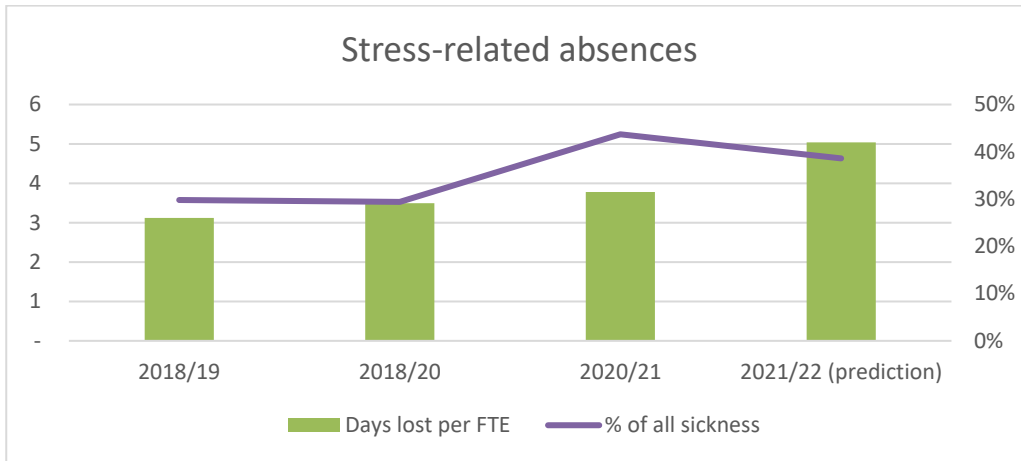
increased with the latest year 2019/20 significantly higher than the previous year. Evidence suggest this is not related to COVID-19 however, there is no clear trend in the rate of working days lost per worker for work-related stress, anxiety or depression.”

The report further states that:

“...absence related to stress, depression or anxiety is more prevalent in public service industries, such as education; health and social care; and public administration and defence. By occupation, professional occupations that are common across public service industries (such as healthcare workers; teaching professionals and public service professionals) show higher levels of stress as compared to all jobs.”

4.3 The statistics around absence due to stress, depression and anxiety are of national concern and we continue to monitor the national guidance on what interventions may best support affected colleagues. The Council has robust interventions in place to support positive mental health including a comprehensive wellbeing programme and quick and easy access to counselling services through the Council’s employee assistance provider. Health and wellbeing of colleagues is also a key consideration for the local government reorganisation programme.

4.4 The graph below shows days lost per full-time equivalent each year due to stress depression and mental health along with the percentage of total absence it accounts for in that year. There has been a dramatic increase in the percentage of absence relating to this category but the percentage increase is mainly as a result of the reduction in other absence categories which is as a result of covid lockdown. However, the graph does demonstrate a steady year on year increase in absence in this category and efforts as outlined above will continue in order to ensure early intervention and support to colleagues.



5. RETURN TO WORK INTERVIEWS (RTW)

5.1 Carrying out a return to work interview continues to be one of the most effective ways to manage attendance and reduce absence.

5.2 Up to the end of December 2021, 97% of return to work interviews have been conducted (2020/21: 97%). The number of working days between the employees returning to work and interviews being conducted and the proportion completed within five working days has also been included in the table below:

Directorate	Proportion of RTWs conducted	Average time taken to complete RTW (working days)	Proportion of RTWs completed within 5 working days
Community Services	98%	3.9	81%
Corporate Support	100%	6.4	63%
Economic Development	72%	4.7	69%
Finance & Resources	100%	5.1	72%
Governance & Regulatory Services	100%	7.6	75%
All Directorates	97%	5.0	76%

6. PROPOSALS

None

7. RISKS

None

8. CONSULTATION

The report was reviewed by the Senior Management Team in January 2022.

9. CONCLUSION AND REASONS FOR RECOMMENDATIONS

The Panel are asked to scrutinise and comment on the sickness absence information with a view to driving continuous improvement.

10. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

Monitoring sickness absence to help ensure the staff resources available to deliver the Carlisle Plan are maximised.

Contact Officers: Gary Oliver, Bibian McRoy

**Appendices
attached to report:**

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

- None

CORPORATE IMPLICATIONS:

LEGAL - This report raises no explicit legal issues.

FINANCE – This report raises no explicit financial issues

EQUALITY – This report raises no explicit equality issues

INFORMATION GOVERNANCE – This report raises no explicit issues relating to Information Governance.

PROPERTY SERVICES - This report raises no explicit issues relating to Property Services